

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
Lofgren for Congress

A. Farrell for Congress Full Name (Last, First, Middle Initial) Mailing Address PO Box 5136 City Westport State CT Zip Code 06881 Purpose of Disbursement Primary-House-CT-04 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2192 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Friends of John Barrow Full Name (Last, First, Middle Initial) Mailing Address PO Box 48178 City Athens State GA Zip Code 30606 Purpose of Disbursement Primary-House-GA-12 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2193 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Gillibrand for Congress Full Name (Last, First, Middle Initial) Mailing Address PO Box 1279 City Hudson State NY Zip Code 12534 Purpose of Disbursement Primary-House-NY-20 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2187 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1250.00

TOTAL This Period (last page this line number only)